

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390156</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>06/20/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>MERCY FITZGERALD HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1500 LANSDOWNE AVENUE DARBY, PA 19023</b>			
STATE LICENSE NUMBER: <b>391901</b>					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	<p>INITIAL COMMENT</p> <p>This report is the result of a special monitoring survey conducted on June 20, 2023, at Mercy Fitzgerald Hospital. it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998 and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities.</p>	P 0000			

(X6) DATE:



# Certified End Page

**MERCY FITZGERALD HOSPITAL**

**STATE LICENSE NUMBER: 391901**

**SURVEY EXIT DATE: 06/20/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY